

Fill in this information to identify the case

Debtor name	<u>Arete Healthcare LLC</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>19-52578</u>

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor		Current value of debtor's interest	
2. Cash on hand		<u>\$0.00</u>	
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Checking account <u>Frost Bank</u>	<u>Checking account</u>	<u>0 1 3 6</u>	<u>\$1,569.43</u>
3.2. Government Payment (Tejas Urgent Care) <u>Frost Bank</u>	<u>Government Payment</u>	<u>1 9 2 0</u>	<u>\$1,855.12</u>
4. Other cash equivalents (Identify all)			
Name of institution (bank or brokerage firm)			
5. Total of Part 1		<u>\$3,424.55</u>	
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

Debtor	<u>Arete Healthcare LLC</u> Name	Case number (if known)	<u>19-52578</u>
			Current value of debtor's interest
7.	Deposits, including security deposits and utility deposits		
Description, including name of holder of deposit			
8.	Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent		
Description, including name of holder of prepayment			
9.	Total of Part 2.		
Add lines 7 through 8. Copy the total to line 81.			\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.
 Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:	—	= →	
	face amount	doubtful or uncollectible accounts	
11b. Over 90 days old:	—	= →	
	face amount	doubtful or uncollectible accounts	

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method used for current value Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:	% of ownership:	
15.1. <u>Blitz Medical Billing LLC</u>	<u>20%</u>	<u>Unknown</u>
15.2. <u>Southcross Hospital LLC</u>	<u>100%</u>	<u>\$0.00</u>

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes. Fill in the information below.

Debtor	Arete Healthcare LLC Name		Case number (if known)	19-52578	
	General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
23.	Total of Part 5				\$0.00
Add lines 19 through 22. Copy the total to line 84.					
24.	Is any of the property listed in Part 5 perishable?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
25.	Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
26.	Has any of the property listed in Part 5 been appraised by a professional within the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)					
27.	Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?				
<input checked="" type="checkbox"/> No. Go to Part 7. <input type="checkbox"/> Yes. Fill in the information below.					
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	
28.	Crops--either planted or harvested				
29.	Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish				
30.	Farm machinery and equipment (Other than titled motor vehicles)				
31.	Farm and fishing supplies, chemicals, and feed				
32.	Other farming and fishing-related property not already listed in Part 6				
33.	Total of Part 6.				\$0.00
Add lines 28 through 32. Copy the total to line 85.					
34.	Is the debtor a member of an agricultural cooperative?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35.	Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36.	Is a depreciation schedule available for any of the property listed in Part 6?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
37.	Has any of the property listed in Part 6 been appraised by a professional within the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture <u>See attached exhibit listing all office furniture</u>			<u>\$2,500.00</u>
40. Office fixtures <u>See attached exhibit listing all office fixtures</u>			<u>\$515.00</u>
41. Office equipment, including all computer equipment and communication systems equipment and software <u>See attached exhibit listing all office equipment</u>			<u>\$6,823.50</u>
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles 42.1. <u>See attached exhibit listing all office collectibles</u>			<u>\$16.00</u>
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			<u>\$9,854.50</u>

44. Is a depreciation schedule available for any of the property listed in Part 7?

No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles 47.1. Year:1996 Make:GMC Model: Mobile Clinic VIN:1GDM7H1M9TJ516266			<u>\$5,000.00</u>
47.2. Year:2000 Make:MAMM Model: Mobile Clinic VIN:4VZKR1095YC034124			<u>\$13,000.00</u>

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578

48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

See attached exhibit listing all office machine, fixt
& equipment

\$46,775.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$64,775.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

 No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

 No
 Yes
Part 9: Real property

54. Does the debtor own or lease any real property?

 No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

 No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

 No
 Yes
Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

 No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578

61. Internet domain names and websites

See attached list \$200.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$200.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

<u>Schertz-Cibolo Emergency Center LLC</u>	<u>\$147,453.26</u>	<u>—</u>	<u>\$0.00</u>	<u>= ➔</u>	<u>\$147,453.26</u>
	Total face amount		doubtful or uncollectible amount		
<u>The Emergency Clinic of Floresville, LLC</u>	<u>\$40,138.31</u>	<u>—</u>	<u>\$0.00</u>	<u>= ➔</u>	<u>\$40,138.31</u>
	Total face amount		doubtful or uncollectible amount		
<u>Blitz Medical Billing</u>	<u>\$60,000.00</u>	<u>—</u>	<u>\$0.00</u>	<u>= ➔</u>	<u>\$60,000.00</u>
	Total face amount		doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$247,591.57

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$3,424.55</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$9,854.50</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$64,775.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$200.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$247,591.57</u>	
91. Total. Add lines 80 through 90 for each column.	91a. <u>\$325,845.62</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<u>\$325,845.62</u>

Fill in this information to identify the case:

Debtor name	Arete Healthcare LLC
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>	
Case number (if known)	<u>19-52578</u>

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2.1	Creditor's name <u>Canon Financial Services, Inc.</u>	Describe debtor's property that is subject to a lien <u>Security System/Cameras</u>	<u>\$35,266.88</u>	<u>\$500.00</u>
	Creditor's mailing address <u>158 Gaither Dr., Ste. 200</u>	Describe the lien <u>Business debt</u>		
	P.O. Box 5008	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Mount Laurel NJ 08054	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Creditor's email address, if known	As of the petition filing date, the claim is: Check all that apply.		
	Date debt was incurred	<input checked="" type="checkbox"/> Contingent		
	Last 4 digits of account number	<input type="checkbox"/> Unliquidated		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$9,278,011.73

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.2	Creditor's name <u>Frost Bank</u>	Describe debtor's property that is subject to a lien <u>all assets</u>	\$925,842.85	\$5,596,227.98
	Creditor's mailing address <u>111 W. Houston St.</u>	Describe the lien <u>Business Loan</u>		
	P.O. Box 1600			
		Is the creditor an insider or related party?		
	<u>San Antonio TX 78296</u>	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim?		
		<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
2.3	Date debt was incurred <u>10/17/17</u>	As of the petition filing date, the claim is:		
	Last 4 digits of account number <u>9 0 0 1</u>	Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
	Creditor's name <u>Frost Bank</u>	Describe debtor's property that is subject to a lien <u>all assets</u>	\$2,000,000.00	\$5,596,227.98
	Creditor's mailing address <u>111 W. Houston St.</u>	Describe the lien <u>Business Loan</u>		
		Is the creditor an insider or related party?		
	<u>San Antonio TX 78205</u>	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred <u>10/17/17</u>	As of the petition filing date, the claim is:		
	Last 4 digits of account number <u>9 0 0 8</u>	Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<input type="checkbox"/> Yes		

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim	Column B Value of collateral that supports this claim
Do not deduct the value of collateral.	

2.4	Creditor's name <u>Frost Bank</u>	Describe debtor's property that is subject to a lien <u>all assets</u>	\$1,500,000.00	\$5,596,227.98
	Creditor's mailing address <u>111 W. Houston St.</u>	Describe the lien <u>Business Loan</u>		
		Is the creditor an insider or related party?		
	<u>San Antonio TX 78205</u>	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
2.5	Date debt was incurred <u>10/17/17</u>	As of the petition filing date, the claim is:		
	Last 4 digits of account number <u>9 0 0 7</u>	Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?	No. Specify each creditor, including this creditor, and its relative priority.		
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Have you already specified the relative priority?			
		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
		<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
	Creditor's name <u>Frost Bank</u>	Describe debtor's property that is subject to a lien <u>all assets</u>	\$4,816,902.00	\$5,596,227.98
	Creditor's mailing address <u>111 W. Houston St.</u>	Describe the lien <u>Business Loan</u>		
		Is the creditor an insider or related party?		
	<u>San Antonio TX 78205</u>	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred <u>10/17/17</u>	As of the petition filing date, the claim is:		
	Last 4 digits of account number <u>9 0 0 5</u>	Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?	No. Specify each creditor, including this creditor, and its relative priority.		
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Have you already specified the relative priority?			
		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		
		<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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2.6	Creditor's name <u>Highland Capital Corporation</u>	Describe debtor's property that is subject to a lien <u>ISTAT Machine</u>	Unknown	\$0.00
	Creditor's mailing address <u>5 Center Avenue</u>	Describe the lien <u>Equipment Financing</u>		
		Is the creditor an insider or related party?		
	<u>Little Falls</u>	<input checked="" type="checkbox"/> No		
	<u>NJ</u>	<input type="checkbox"/> Yes		
	<u>07424</u>			
	Creditor's email address, if known	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is:		
	Last 4 digits of account number	Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?			
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Have you already specified the relative priority?				
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Leslie Luttrell</u> <u>Luttrell+Carmody Law Group</u> <u>One International Centre</u> <u>100 NE Loop 410, Suite 615</u> <u>San Antonio TX 78216</u>	Line <u>2.5</u>	_____
<u>Leslie Luttrell</u> <u>Luttrell+Carmody Law Group</u> <u>One International Centre</u> <u>100 NE Loop 410, Suite 615</u> <u>San Antonio TX 78216</u>	Line <u>2.4</u>	_____
<u>Leslie Luttrell</u> <u>Luttrell+Carmody Law Group</u> <u>One International Centre</u> <u>100 NE Loop 410, Suite 615</u> <u>San Antonio TX 78216</u>	Line <u>2.3</u>	_____
<u>Leslie Luttrell</u> <u>Luttrell+Carmody Law Group</u> <u>One International Centre</u> <u>100 NE Loop 410, Suite 615</u> <u>San Antonio TX 78216</u>	Line <u>2.2</u>	_____

Fill in this information to identify the case:

Debtor	<u>Arete Healthcare LLC</u>
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>	
Case number (if known)	<u>19-52578</u>

Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part. If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
--	-------------	-----------------

2.1 Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
_____ _____ _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____
Basis for the claim:		
Date or dates debt was incurred	Is the claim subject to offset?	
_____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(_____)		

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$502.00
<u>Adobe Systems, Inc.</u> <u>345 Park Avenue</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>San Antonio</u> CA <u>95110-2704</u>		Basis for the claim: Business debt	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.2 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$210.51
<u>ADT Security</u> <u>1 Town Center Road</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Boca Raton</u> FL <u>33486</u>		Basis for the claim: Business debt	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.3 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,170.00
<u>AFLAC</u> <u>1932 Wynnnto Road</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Columbus</u> GA <u>31999</u>		Basis for the claim: Business debt	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.4 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,944.00
<u>AT&T</u> <u>208 S. Akard St.</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Dallas</u> TX <u>75202</u>		Basis for the claim: Business phones	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address <u>Bio Medical Waste Solutions</u> <u>P.O. Box 1147</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$393.00</u>
		Basis for the claim: <u>Business debt</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.6 Nonpriority creditor's name and mailing address <u>Central Mutual Insurance</u> <u>7301 State Hwy.161</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$4,989.98</u>
		Basis for the claim: <u>Insurance services</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.7 Nonpriority creditor's name and mailing address <u>CPS</u> <u>-Bankruptcy Section</u> <u>145 Navarro, Mail Drop 110910</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,024.79</u>
		Basis for the claim: <u>Electricity</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			
3.8 Nonpriority creditor's name and mailing address <u>Digital Defense, Inc.</u> <u>9000 Tesoro Drive, Ste. 100</u>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,740.00</u>
		Basis for the claim: <u>Business debt</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number			

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9	Nonpriority creditor's name and mailing address <u>Dish Network-EF</u> <u>9601 South Meridian Blvd.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$350.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim:			
Business debt			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.10 Nonpriority creditor's name and mailing address <u>Docutap, Inc.</u> <u>101 S. Phillips Ave. #300</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,232.69</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim:			
Business debt			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.11 Nonpriority creditor's name and mailing address <u>First American Vendor Finance</u> <u>255 Woodcliff Dr.</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Basis for the claim:			
Equipment Lease			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.12 Nonpriority creditor's name and mailing address <u>Green Capital Funding LLC</u> <u>30 Broad St., Suite 14108</u>			
		As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$540,000.00</u>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
Basis for the claim:			
Business debt			
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Debtor **Arete Healthcare LLC**

Case number (if known) 19-52578

Part 2: Additional Page

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Amount of claim

3.13	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$94.02
Image First		<input type="checkbox"/> Contingent			
P.O. Box 61323		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
King of Prussia		PA	19406	Basis for the claim: Business debt	
Date or dates debt was incurred		Is the claim subject to offset?			
Last 4 digits of account number		h	0	7	0
 3.14 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$2,532.00	
ITSC		<input type="checkbox"/> Contingent			
614 W. French Place		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
San Antonio		TX	78212	Basis for the claim: Business debt	
Date or dates debt was incurred		Is the claim subject to offset?			
Last 4 digits of account number		—	—	—	—
 3.15 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$1,404.00	
Lockaway Storage		<input type="checkbox"/> Contingent			
7858 E. Evans Rd.		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
San Antonio		TX	78266	Basis for the claim: Business storage	
Date or dates debt was incurred		Is the claim subject to offset?			
Last 4 digits of account number		—	—	—	—
 3.16 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is: Check all that apply.		\$0.00	
NEC - Natl Reg'd Agents		<input type="checkbox"/> Contingent			
1999 Bryan St. - Ste. 900		<input type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
Dallas		TX	75201-3136	Basis for the claim: Business debt	
Date or dates debt was incurred		Is the claim subject to offset?			
Last 4 digits of account number		—	—	—	—

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: Additional Page**

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Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>Network Box USA</u> <u>2825 Wilcrest Dr., #259</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Business Lease</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address <u>Nextiva Voice Service</u> <u>8800 E. Chaparral Rd. Suite 300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$807.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Business debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address <u>Norcal Group</u> <u>7600 N. Capital of TX Hwy</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,398.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Business debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address <u>Northland Cable Ventures</u> <u>515 W. Tyler</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$354.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Business debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$18,498.38
<u>Pegasus MSO, LLC</u> <u>1314 W. McDermott Dr.</u> <u>Ste. 106-517</u>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<u>Allen</u> TX 75013		Basis for the claim: <u>Business debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$416,150.00
<u>Platinum Rapid Funding Group Ltd</u> <u>348 RXR Plaza</u>		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<u>Uniondale</u> NY 11556		Basis for the claim: <u>Business debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$141,050.00
<u>Platinum Rapid Funding Group, Ltd.</u> <u>348 RXR Plaza</u>		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<u>Uniondale</u> NY 11556		Basis for the claim: <u>Business debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$374,750.00
<u>Region Capital</u> <u>323 Sunny Isles Blvd.</u> <u>Suite 501</u>		<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<u>Sunny Isles</u> FL 33160		Basis for the claim: <u>Business debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$127.04
<u>SAWS</u>		<input type="checkbox"/> Contingent	
<u>2800 US Hwy 281 N</u>		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>San Antonio</u>		<u>Water</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
 3.26		Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: \$1,305,148.20
<u>Schertz-Cibolo Emergency Center LLC</u>		<i>Check all that apply.</i>	
<u>P.O. Box 15308</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>San Antonio</u>		<u>Intercompany loan</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
 3.27		Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: \$7,610.68
<u>South Park Properties SM</u>		<i>Check all that apply.</i>	
<u>100 Mackey Drive</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>San Antonio</u>		<u>Business debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
 3.28		Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: \$371.85
<u>Spectrum</u>		<i>Check all that apply.</i>	
<u>4145 S. Falkenburg Rd.</u>		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
<u>Riverview</u>		<u>Internet services</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Debtor Arete Healthcare LLCCase number (if known) 19-52578**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px;">3.29</div>	Nonpriority creditor's name and mailing address <u>Stewart & Stevenson</u> <u>5717 I-10</u> <hr/> <u>San Antonio</u> <u>TX</u> <u>78219</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: <u>Business debt</u>	Amount of claim <u>\$41,968.31</u>
Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px;">3.30</div>	Nonpriority creditor's name and mailing address <u>TIAA Finance</u> <u>P.O. Box 911608</u> <hr/> <u>Denver</u> <u>CO</u> <u>80291-1608</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: <u>Business debt</u>	Amount of claim <u>\$4,820.32</u>
Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px;">3.31</div>	Nonpriority creditor's name and mailing address <u>Tracksmart</u> <u>HRdirect</u> <u>3300 Gateway Drive</u> <hr/> <u>Pompano Beach</u> <u>FL</u> <u>33069</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Basis for the claim: <u>Business software</u>	Amount of claim <u>\$49.00</u>
Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<div style="border: 1px solid black; padding: 2px;">3.32</div>	Nonpriority creditor's name and mailing address <u>WG Capital</u> <u>1734 8th Ave.</u> <u>Suite PH</u> <hr/> <u>Brooklyn</u> <u>NY</u> <u>11215</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Basis for the claim: <u>Business debt / AR Factoring</u>	Amount of claim <u>\$449,700.00</u>
Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Arete Healthcare LLC

Case number (if known) 19-52578

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$0.00</u>
5b. Total claims from Part 2	5b. + <u>\$3,325,389.77</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$3,325,389.77</u>

Fill in this information to identify the case:

Debtor name	<u>Arete Healthcare LLC</u>	
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>19-52578</u>	Chapter <u>11</u>

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

See Exhibit

State the term remaining _____

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name	Arete Healthcare LLC
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>	
Case number (if known)	<u>19-52578</u>

Check if this is an amended filing

Official Form 206H

12/15

Schedule H: Codebtors

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
			Check all schedules that apply:	
Name	Mailing address		Name	
2.1 Brian Johnson	153 E. Rosewood Ave.	Number Street	Green Capital Funding LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio	TX 78212	City State ZIP Code	
2.2 Brian Johnson	153 E. Rosewood Ave.	Number Street	Platinum Rapid Funding Group Ltd	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio	TX 78212	City State ZIP Code	
2.3 Brian Johnson	153 E. Rosewood Ave.	Number Street	Region Capital	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio	TX 78212	City State ZIP Code	
2.4 Brian Johnson	153 E. Rosewood Ave.	Number Street	WG Capital	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio	TX 78212	City State ZIP Code	

Debtor

Arete Healthcare LLC

Case number (if known) 19-52578**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	<i>Check all schedules that apply:</i>
Name	Mailing address		Name	
2.5 Brian Johnson	153 E. Rosewood Ave. Number Street		Frost Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio TX 78212 City State ZIP Code			
2.6 Joel Kay	P.O. 593075 Number Street		Green Capital Funding LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio TX 78259 City State ZIP Code			
2.7 Joel Kay	P.O. Box 593075 Number Street		Platinum Rapid Funding Group Ltd	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio TX 78259 City State ZIP Code			
2.8 Joel Kay	P.O. Box 593075 Number Street		Region Capital	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio TX 78259 City State ZIP Code			
2.9 Joel Kay	P.O. Box 593075 Number Street		WG Capital	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio TX 78259 City State ZIP Code			
2.10 Joel Kay	P. O. Box 593075 Number Street		Frost Bank	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio TX 78259 City State ZIP Code			
2.11 Schertz-Cibolo Emergency Center LLC	P.O. Box 15308 Number Street		Green Capital Funding LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	San Antonio TX 78212 City State ZIP Code			

Debtor

Arete Healthcare LLC

Case number (if known) 19-52578**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	<i>Check all schedules that apply:</i>
Name	Mailing address	Name	<input type="checkbox"/> D
2.12 Schertz-Cibolo Emergency Center LLC	P.O. Box 15308 Number Street	Platinum Rapid Funding Group Ltd	<input checked="" type="checkbox"/> E/F
			<input type="checkbox"/> G
	San Antonio TX 78212 City State ZIP Code		
2.13 Schertz-Cibolo Emergency Center LLC	P.O. Box 15308 Number Street	Region Capital	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
	San Antonio TX 78212 City State ZIP Code		<input type="checkbox"/> G
2.14 Schertz-Cibolo Emergency Center LLC	P.O. Box 15308 Number Street	WG Capital	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
	San Antonio TX 78212 City State ZIP Code		<input type="checkbox"/> G
2.15 Schertz-Cibolo Emergency Center LLC	P.O. Box 15308 Number Street	Frost Bank	<input checked="" type="checkbox"/> D
			<input type="checkbox"/> E/F
	San Antonio TX 78212 City State ZIP Code		<input type="checkbox"/> G
2.16 Southcross Hospital, LLC	4243 Southcross, Ste. 100 Number Street	Green Capital Funding LLC	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
	San Antonio TX 78222 City State ZIP Code		<input type="checkbox"/> G
2.17 The Emergency Clinic of Floresville LLC	P.O. Box 15308 Number Street	Green Capital Funding LLC	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
	San Antonio TX 78212 City State ZIP Code		<input type="checkbox"/> G
2.18 The Emergency Clinic of Floresville LLC	P.O. Box 15308 Number Street	Platinum Rapid Funding Group Ltd	<input type="checkbox"/> D
			<input checked="" type="checkbox"/> E/F
	San Antonio TX 78212 City State ZIP Code		<input type="checkbox"/> G

Debtor

Arete Healthcare LLC

Case number (if known) 19-52578**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor		Check all schedules that apply: <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
Name	Mailing address	Name	Region Capital	
2.19 The Emergency Clinic of Floresville LLC	P.O. Box 15308 Number Street	Region Capital	WG Capital	
	San Antonio City	TX 78212 State ZIP Code		
2.20 The Emergency Clinic of Floresville LLC	P.O. Box 15308 Number Street	WG Capital	Frost Bank	
	San Antonio City	TX 78212 State ZIP Code		
2.21 The Emergency Clinic of Floresville LLC	P.O. Box 15308 Number Street	Frost Bank		
	San Antonio City	TX 78212 State ZIP Code		

Fill in this information to identify the case:

Debtor Name Arete Healthcare LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): 19-52578

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from Schedule A/B.....

\$0.00

1b. **Total personal property:**

Copy line 91A from Schedule A/B.....

\$325,845.62

1c. **Total of all property**

Copy line 92 from Schedule A/B.....

\$325,845.62

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$9,278,011.73

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$3,325,389.77

4. **Total liabilities**

Lines 2 + 3a + 3b.....

\$12,603,401.50

Fill in this information to identify the case and this filing:

Debtor Name	<u>Arete Healthcare LLC</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>19-52578</u>

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

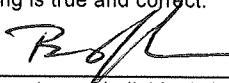
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206-Summary)*
- Amended Schedule _____*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration _____*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-03-19
MM / DD / YYYY

X

Signature of individual signing on behalf of debtor

Brian Johnson

Printed name

President

Position or relationship to debtor

ARETE HEALTHCARE LLC

EXHIBIT TO SCHEDULE A/B

PARTS 7 AND 8

**OFFICE FURNITURE, FIXTURES, OFFICE EQUIPMENT, COLLECTIBLES,
AND OTHER EQUIPMENT**

Exhibit to Part 7 and 8 (Arete)

Type of Property	Description	Depreciation Schedule	Professional Appraisal in Last Available: Y/N	Year: Y/N	Valuation Method	Current Value
Part 7						
<u>Office Furniture</u>						
Cabinet	No	No	No	No	Cost Approach	6.00
Cabinet, Metal	No	No	No	No	Cost Approach	20.00
Cabinet, Small	No	No	No	No	Cost Approach	2.00
Cabinet, Stainless Steel	No	No	No	No	Cost Approach	45.00
Cabinet, Stainless Steel	No	No	No	No	Cost Approach	45.00
Chair, Leather	No	No	No	No	Cost Approach	20.00
Chair, Leather	No	No	No	No	Cost Approach	20.00
Chair, Patient Recliner	No	No	No	No	Cost Approach	175.00
Chair, Plastic	No	No	No	No	Cost Approach	5.00
Chair, Plastic	No	No	No	No	Cost Approach	5.00
Chairs (14)	No	No	No	No	Cost Approach	3.50
Conference Table - Custom	No	No	No	No	Cost Approach	-
Couch	No	No	No	No	Cost Approach	160.00
Couch	No	No	No	No	Cost Approach	0.25
Couch	No	No	No	No	Cost Approach	0.25
Desk	No	No	No	No	Cost Approach	1.00
Desk	No	No	No	No	Cost Approach	1.00
Desk	No	No	No	No	Cost Approach	550.00
Desk w/ Cabinets - Riverside	No	No	No	No	Cost Approach	550.00
Desk w/ Cabinets - Riverside	No	No	No	No	Cost Approach	90.00
Desk, Treadmill Workstation	No	No	No	No	Cost Approach	2.00
Easel	No	No	No	No	Cost Approach	2.00
Easel	No	No	No	No	Cost Approach	2.00
Easel	No	No	No	No	Cost Approach	0.50
End Table	No	No	No	No	Cost Approach	15.00
Filing Cabinet - 2 Drawer	No	No	No	No	Cost Approach	85.00
Filing Cabinet - 2 Drawer w/ Upper	No	No	No	No	Cost Approach	90.00
Filing Cabinet - 3 Drawer - Wood	No	No	No	No	Cost Approach	0.50

Filing Cabinet - 4 Drawer	No	No	Cost Approach	35.00
Filing Cabinet - 4 Drawer	No	No	Cost Approach	25.00
Filing Cabinet - 4 Drawer	No	No	Cost Approach	25.00
Filing Cabinet - 4 Drawer	No	No	Cost Approach	25.00
Filing Cabinet - 4 Drawer	No	No	Cost Approach	25.00
Filing Cabinet - 4 Drawer	No	No	Cost Approach	25.00
Lamp	No	No	Cost Approach	5.00
Lamp	No	No	Cost Approach	5.00
Lockers, Metal 1x2 (44)	No	No	Cost Approach	50.00
Lockers, Metal 5x3	No	No	Cost Approach	45.00
Mat, Floor	No	No	Cost Approach	4.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chair	No	No	Cost Approach	1.00
Office Chairs (17)	No	No	Cost Approach	5.00
Overbed Table	No	No	Cost Approach	2.00
Overbed Table	No	No	Cost Approach	0.25
Overbed Table	No	No	Cost Approach	0.25
Overbed Table	No	No	Cost Approach	0.25
Overbed Table	No	No	Cost Approach	0.25
Rug	No	No	Cost Approach	15.00
Rug	No	No	Cost Approach	10.00
Shelf	No	No	Cost Approach	1.00
Shelf	No	No	Cost Approach	1.00

	Shelf, Document Organizer	No	No	Cost Approach	12.00
	Shelf, Plastic	No	No	Cost Approach	2.00
	Step Stool, Metal	No	No	Cost Approach	5.00
	Step Stool, Metal	No	No	Cost Approach	5.00
	Step Stool, Metal	No	No	Cost Approach	5.00
	Step Stool, Metal	No	No	Cost Approach	5.00
	Step Stool, Metal	No	No	Cost Approach	5.00
	Step Stool, Metal	No	No	Cost Approach	5.00
	Step Stool, Metal	No	No	Cost Approach	5.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wire Rack, Metal - Large	No	No	Cost Approach	20.00
	Wood Lockers 1x10	No	No	Cost Approach	5.00
	Wood Lockers 1x11	No	No	Cost Approach	5.00
	Wood Lockers 1x12	No	No	Cost Approach	5.00
	Wood Lockers 1x13	No	No	Cost Approach	5.00
	Wood Lockers 1x14	No	No	Cost Approach	5.00
	Wood Lockers 1x2	No	No	Cost Approach	5.00
	Wood Lockers 1x3	No	No	Cost Approach	5.00
	Wood Lockers 1x4	No	No	Cost Approach	5.00
	Wood Lockers 1x5	No	No	Cost Approach	5.00
	Wood Lockers 1x6	No	No	Cost Approach	5.00
	Wood Lockers 1x7	No	No	Cost Approach	5.00
	Wood Lockers 1x8	No	No	Cost Approach	5.00
	Wood Lockers 1x9	No	No	Cost Approach	5.00
	Total				2,500.00
	<u>Office Fixtures</u>				
	Curtain Track	No	No	Cost Approach	5.00
	Curtain Track	No	No	Cost Approach	5.00
	Curtain Track	No	No	Cost Approach	5.00
	Curtain Track	No	No	Cost Approach	5.00

	Curtain Track	No	No	Cost Approach	5.00
	Door, Wood Solid Core	No	No	Cost Approach	25.00
	Door, Wood Solid Core	No	No	Cost Approach	25.00
	Door, Wood Solid Core	No	No	Cost Approach	25.00
	Door, Wood Solid Core	No	No	Cost Approach	25.00
	Fire Extinguser Cabinet	No	No	Cost Approach	35.00
	Fire Extinguser Cabinet	No	No	Cost Approach	35.00
	Fire Extinguser Cabinet	No	No	Cost Approach	35.00
	Projection Screen	No	No	Cost Approach	20.00
	Seamless Vinyl Flooring Roll - 8' x ?	No	No	Cost Approach	5.00
	Seamless Vinyl Flooring Roll - 8' x ?	No	No	Cost Approach	5.00
	Seamless Vinyl Flooring Roll - 8' x ?	No	No	Cost Approach	5.00
	Seamless Vinyl Flooring Roll - 8' x ?	No	No	Cost Approach	5.00
	TV - Insignia - 32"	No	No	Cost Approach	5.00
	Wall Mount - Patient Monitor -			Cost Approach	10.00
	Polymount - WM-0013	No	No	Cost Approach	18.00
	Wall Mount - Patient Monitor -			Cost Approach	18.00
	Polymount - WM-0014	No	No	Cost Approach	18.00
	Wall Mount - Patient Monitor -			Cost Approach	18.00
	Polymount - WM-0015	No	No	Cost Approach	18.00
	Polymount - WM-0016	No	No	Cost Approach	18.00
	White Board	No	No	Cost Approach	12.00
	White Board	No	No	Cost Approach	10.00
	Coffee Maker, Commercial	No	No	Cost Approach	5.00
	Coffee Maker, Commercial	No	No	Cost Approach	5.00
	Microwave	No	No	Cost Approach	1.00
	Mini Fridge	No	No	Cost Approach	35.00
	Mini Fridge - Igloo	No	No	Cost Approach	25.00
	Mini Fridge - Magic Chef	No	No	Cost Approach	35.00
Total					515.00
<u>Office Equipment (include computer equipment, communication systems equipment, and software)</u>		No	Cost Approach		15.00
Ladder- 10'		No	Cost Approach		

Bed, Hospital - Hill Rom	No	No	Cost Approach	600.00
Bed, Hospital - Hill Rom	No	No	Cost Approach	600.00
Bed, Hospital - Hill Rom	No	No	Cost Approach	600.00
Bed, Hospital - Stryker Secure II	No	No	Cost Approach	650.00
Bed, Hospital - Stryker Secure II	No	No	Cost Approach	650.00
Cart	No	No	Cost Approach	5.00
Cart, Medication	No	No	Cost Approach	40.00
Cart, Mobile Workstation - Jaco Mobility - Series Z	No	No	Cost Approach	25.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Plastic	No	No	Cost Approach	35.00
Cart, Suture	No	No	Cost Approach	40.00
Crash Cart	No	No	Cost Approach	80.00
Crash Cart	No	No	Cost Approach	80.00
Crash Cart	No	No	Cost Approach	80.00
Crash Cart	No	No	Cost Approach	80.00
Crash Cart	No	No	Cost Approach	80.00
Crash Cart	No	No	Cost Approach	80.00
Crash Cart	No	No	Cost Approach	80.00
Crash Cart	No	No	Cost Approach	80.00
Exam Chair, Podiatry	1,500.00			
Exam Table	50.00			
Matress, Stretcher	15.00			
Matress, Stretcher	15.00			
Matress, Stretcher	15.00			
Metal Cart	5.00			
Metal Cart	5.00			
Metal Cart	5.00			

Dolly Cart	No	No	Cost Approach	90.00
E-Cylinder, Oxygen	No	No	Cost Approach	25.00
E-Cylinder, Oxygen	No	No	Cost Approach	25.00
E-Cylinder, Oxygen	No	No	Cost Approach	25.00
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Exam Light	No	No	Cost Approach	0.50
Generator	No	No	Cost Approach	900.00
Incubator - Percival 1-36NL	No	No	Cost Approach	900.00
Infant Warmer System - OHMEDA	No	No	Cost Approach	0.50
Infant Warmer System - OHMEDA	No	No	Cost Approach	0.50
Infant Warmer System - OHMEDA	No	No	Cost Approach	0.50
IntelliVue X2 w/ Stand	No	No	Cost Approach	125.00
IV Pole	No	No	Cost Approach	5.00
IV Pole	No	No	Cost Approach	5.00
IV Pole	No	No	Cost Approach	5.00
IV Pump	No	No	Cost Approach	15.00
IV Pump	No	No	Cost Approach	15.00
IV Pump	No	No	Cost Approach	15.00
IV Pump	No	No	Cost Approach	15.00
IV Pump	No	No	Cost Approach	15.00
IV Pump	No	No	Cost Approach	15.00
IV Pump	No	No	Cost Approach	15.00
Lift, Bariatric	No	No	Cost Approach	20.00
Lift, Bariatric	No	No	Cost Approach	20.00
Lift, Bariatric	No	No	Cost Approach	20.00
No	No	No	Cost Approach	9.00

Total

Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
Walker, Medical Two Fold	No	Cost Approach	5.00
	46,775.00		

ARETE HEALTHCARE LLC

EXHIBIT TO PART 10
QUESTION 61

Type of Property	Description
<u>Internet domain names and websites</u> All of these domains are linked to Joels main Go-Daddy Account	areteurgentcare.com fossilcreekurgentcare.com floresvillehealth.com eaglefordhealth.com alamocare.net alamocare.com alamocare.org alamocare.info schertzerclinic.com ciboloer.com southcrosshealth.com schertzhealth.com aretehealthsystem.com aretehealthsystems.com southcrosshospital.com southmedhealth.com tejasurgentcare.com

ARETE HEALTHCARE LLC

EXHIBIT G

Description of Lease or Contract	Nature of Debtors Interest	Name & Address of Other Party or Parties	Date Lease or Contract Expires
Equipment Lease	Lessee	NEC Financial Services LLC 250 Pehle Ave., Ste. 704 Saddle Brook, NJ 07663	9/28/2023
Equipment Lease	Lessee	TIAA Commercial Finance, Inc. P.O. Box 911608 Denver, CO 80291	12/21/2020
Equipment Service Agreement	Equipment lessee	Xerox P.O. Box 205354 Dallas TX 75320-5354	12/21/2020
Lease	Lessee	South Park Properties 100 Mackey Dr. San Antonio, TX 78213	6/15/2020
Practice Management Software Agreement		Docutap, Inc. 101 S. Phillips Ave, Ste. 300 Sioux Falls, SD 57104	7/30/2020
Equipment Lease	Lessee	CareFusion Solutions, LLC 3750 Torrey View Court San Diego, CA 92130	3/1/2024
Equipment Lease	Lessee	Image First P.O. Box 61323 King of Prussia, PA 19406	
Nextiva		Nextiva 8800 E. Chaparral Rd., Ste. 300 Scottsdale, AZ 85250	

BioMedical Waste Solutions
P.O. Box 1147
Port Neches, TX 77651

SWBC Professional Employer Services
III, LLC
9311 San Pedro Ave., Ste. 500
San Antonio, TX 78216

PEO Agreement

Master Services Agreement

Network Alliance
4242 Medical Dr., Ste. 5250
San Antonio, TX 78229

30 days written
notice

Preventive, Chronic,
Behavioral, Telehealth, and
Transitional Care Service
Agreement

24 Our Care
15594 Overlook Dr.
Skiatook, OK 74070

9/18/2020

Billing Agreement

RSHCHO
611 West St. Elmo
Austin, TX 78748

Insurance

NORCAL Group
P.O. Box
San Francisco, CA 94139-8054

Fill in this information to identify the case:

Debtor name	<u>Arete Healthcare LLC</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>19-52578</u>

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:	From <u>01/01/2019</u> MM / DD / YYYY	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$360,000.00</u>
For prior year:	From <u>01/01/2018</u> MM / DD / YYYY	to	<u>12/31/2018</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$527,879.00</u>
For the year before that:	From <u>01/01/2017</u> MM / DD / YYYY	to	<u>12/31/2017</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$245,000.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. <u>See attached</u> Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None**Part 3: Legal Actions or Assignments**

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

 None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Donald M. Crawford v. The Emergency Clinic of Floresville LLC, Floresville Emergency Physicians PLLC, Arete Health System LLC, Brian Johnson and Joel Kay	Breach of contract, common law fraud, breach of fiduciary duty, unjust enrichment, tortious interference	<u>Bexar County District Court</u>	<input checked="" type="checkbox"/> Pending
Case number		Name	<input type="checkbox"/> On appeal
<u>2019-CI-08939</u>		Street	<input type="checkbox"/> Concluded
		City	State ZIP Code

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1. <u>Langley & Banack, Inc.</u>		8/26/19	<u>\$25,000.00</u>

Address

745 E. Mulberry, Ste. 700

Street

<u>San Antonio</u>	<u>TX</u>	<u>78212</u>
City	State	ZIP Code

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy	
14.1. <u>22100 Bulverde Rd., Ste. 108</u> Street	From <u>11/30/2014</u>	To <u>11/30/2019</u>
<u>San Antonio</u> City	TX State	78259 ZIP Code

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained _____

Does the debtor have a privacy policy about that information?

- No.
- Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit? No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No. Go to Part 10. Yes. Fill in below:

Name of plan

Arete Healthcare LLC

Employer Identification number of the plan

EIN: 2 7 - 5 3 1 4 2 4 3

Has the plan been terminated?

 No Yes

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Studio Benton</u> Name	<u>Joel Kay</u> <u>4243 E. Southcross Blvd., Ste.</u>	<u>Medical equipment and office furniture</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>10826B Gulfdale St.</u> Street	<u>100</u> <u>San Antonio, TX 78222</u>		
<u>San Antonio</u> City	<u>Brian Johnson</u> <u>4243 E. Southcross Blvd., Ste.</u> <u>100</u> <u>San Antonio, TX 78222</u>	<u>Address</u>	

Debtor	Arete Healthcare LLC			Case number (if known)	19-52578
Name					
Facility name and address		Names of anyone with access to it		Description of the contents	
<u>AA Best Bail Bonds</u> Name <u>103 S. Comal</u> Street		Joel Kay 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222		Medical equipment	
				<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<u>San Antonio</u> City	<u>TX</u> State	<u>78207</u> ZIP Code	Brian Johnson 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222		
		William Johnson 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222			
		Matthew Johnson 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222			
		Albert Saenz 103 S. Comal San Antonio, TX 78207			
		Address			
Facility name and address		Names of anyone with access to it		Description of the contents	
<u>Lockaway Storage</u> Name <u>7858 Evans Rd</u> Street		Joel Kay 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222		Medical equipment and office furniture	
				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<u>San Antonio</u> City	<u>TX</u> State	<u>78266</u> ZIP Code	Brian Johnson 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222		
		William Johnson 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222			
		Matthew Johnson 4243 E. Southcross Blvd., Ste 100 San Antonio, TX 78222			
		Address			

Debtor Arete Healthcare LLC
NameCase number (if known) 19-52578**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

No

Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

No

Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address
25.1. Blitz Medical Billing, LLC
 Name
3550 Parkwood Blvd B102
 Street

 City Frisco State TX ZIP Code 75034

Describe the nature of the business
Medical Billing

Employer Identification number
 Do not include Social Security number or ITIN.

EIN: _____ - _____ - _____ - _____ - _____

Dates business existed

From 2018 To present

Debtor	<u>Arete Healthcare LLC</u> Name		Case number (if known)	<u>19-52578</u>
25.2.	Business name and address <u>Southcross Hospital LLC</u> Name <u>4243 Southcross</u> Street	Describe the nature of the business <u>Hospital</u>	Employer Identification number Do not include Social Security number or ITIN.	
			EIN:	_____
			Dates business existed	
			From	<u>2018</u>
			To	<u>present</u>
26. Books, records, and financial statements				
26a.	List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.			
<input type="checkbox"/> None				
	Name and address	Dates of service		
26a.1.	<u>Shriver Carmona Carrera, PLLC</u> Name <u>5805 Callaghan Rd, Ste. 301</u> Street	From <u>2011</u> To <u>present</u>		
	<u>San Antonio</u> City	<u>TX</u> State	<u>78222</u> ZIP Code	
26b.	List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.			
<input type="checkbox"/> None				
	Name and address	Dates of service		
26b.1.	<u>Shriver Carmona Carrera, PLLC</u> Name <u>5805 Callaghan Rd, Ste. 301</u> Street	From <u>2011</u> To <u>present</u>		
	<u>San Antonio</u> City	<u>TX</u> State	<u>78228</u> ZIP Code	
26c.	List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.			
<input type="checkbox"/> None				
	Name and address	If any books of account and records are unavailable, explain why		
26c.1.	<u>Shriver Carmona Carrera, PLLC</u> Name <u>5805 Callaghan Rd, Ste. 301</u> Street			
	<u>San Antonio</u> City	<u>TX</u> State	<u>78228</u> ZIP Code	

Debtor Arete Healthcare LLC Case number (if known) 19-52578

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1. Frost Bank

Name
111 W. Houston, Ste. 100
Street

San Antonio TX 78205
City State ZIP Code

Name and address

26d.2. Wellington Shields & Co. LLC

Name
140 Broadway
Street

New York NY 10005
City State ZIP Code

Name and address

26d.3. Lone Star National Bank

Name
381 N. Loop 1604 W
Street

San Antonio TX 78232
City State ZIP Code

Name and address

26d.4. North Avenue Capital

Name
816 A1A N
Street

Ponte Vedra Beach FL 32082
City State ZIP Code

Name and address

26d.5. OnDeck Capital

Name
1400 Broadway
Street

New York NY 10018
City State ZIP Code

Name and address

26d.6. Platinum Rapid Funding Group, Ltd.

Name
348 RXR Plaza
Street

Uniondale NY 11556
City State ZIP Code

Debtor Arete Healthcare LLC Name _____ Case number (if known) 19-52578

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No.
 Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
WM Medical Consultants, LLC	P.O. Box 15308 San Antonio, TX 78212	Member	50%
Amajon Healthcare Solutions, LL	P.O. Box 593075 San Antonio, TX 78259	Member	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-04-2019

MM/DD/YY

X

Signature of individual signing on behalf of the debtor

Printed name Brian Johnson

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

ARETE HEALTHCARE LLC

**EXHIBIT TO SOFA
PART 3/QUES. #3**

ARETE

Acct #	Date	Transaction Type	Check #	Amount	Payment To	Description
20190136	8/5/2019	ACH DB Received	\$	14.75	Frost Bank	
20190136	8/5/2019	ACH DB Received	\$	14.75	Frost Bank	
20190136	8/5/2019	Acct Transfer Debit	\$	3,037.77	Frost Bank	
20190136	8/5/2019	ACH DB Received	\$	50,000.00	American Express	
20190136	8/6/2019	Acct Transfer Debit	\$	2,500.00	Southcross Hospital LLC	
20190136	8/6/2019	Acct Transfer Debit	\$	23,021.00	Brian Johnson	
20190136	8/7/2019	ACH DB Received	\$	174.34	Dish Network	
20190136	8/7/2019	Misc Debit	\$	26,380.57		
20190136	8/9/2019	Check Paid	1741	200.00	Pepper Jones	
20190136	8/9/2019	ACH DB Received	\$	3,750.00	On Deck Capital	
20190136	8/9/2019	ACH DB Received	\$	4,550.00	Platinum	
20190136	8/9/2019	Acct Transfer Debit	\$	5,000.00	Southcross Hospital LLC	
20190136	8/9/2019	Acct Transfer Debit	\$	18,400.00	Medical Care Group LLC	
20190136	8/9/2019	ACH DB Received	\$	39,901.76	SWBC	
20190136	8/9/2019	Acct Transfer Debit	\$	160,000.00	Southcross Hospital LLC	
20190136	8/12/2019	ACH DB Received	\$	24.46	Bryn Mawr Funding	
20190136	8/12/2019	ACH DB Received	\$	575.86	Bryn Mawr Funding	
20190136	8/12/2019	Acct Transfer Debit	\$	7,000.00	Southcross Hospital LLC	
20190136	8/12/2019	Universal DB	\$	25,000.00		
20190136	8/13/2019	Acct Transfer Debit	\$	4,000.00	Southcross Hospital LLC	Cashier's Check
20190136	8/13/2019	Acct Transfer Debit	\$	133,000.00	Southcross Hospital LLC	
20190136	8/14/2019	Misc Debit	\$	6,521.59		
20190136	8/14/2019				WM Medical	
20190136	8/15/2019	Return Item	\$	147,000.00	Consultants LLC	
20190136	8/16/2019	Acct Analysis Fee	\$	565.25	Frost Bank	
20190136	8/19/2020	Return Item	\$	147,000.00	Consultants LLC	
20190136	8/20/2019	ACH DB Received	\$	341.39	CPS	
20190136	8/20/2019	Acct Transfer Debit	\$	11,609.50	Frost Bank	
20190136	8/22/2019	ACH DB Received	\$	25.00	On Deck Capital	
20190136	8/22/2019	ACH DB Received	\$	106.60	SWBC	
20190136	8/22/2019	ACH DB Received	\$	3,630.00	SWBC	
20190136	8/22/2019	ACH DB Received	\$	3,750.00	On Deck Capital	
20190136	8/22/2019	ACH DB Received	\$	6,600.00	SWBC	
20190136	8/22/2019	ACH DB Received	\$	165.00	Exectras	
20190136	8/23/2019	Acct Transfer Debit	\$	800.00	TriCounty Family	
20190136	8/23/2019	Acct Transfer Debit	\$	800.00	Medical Care Group LLC	

20190136	8/23/2019	ACH DB Received	\$	\$	3,750.00	On Deck Capital
20190136	8/23/2019	ACH DB Received	\$	\$	4,550.00	Platinum
20190136	8/26/2019	Overdraft Fee	\$	\$	35.00	Frost Bank
20190136	8/26/2019	Check Paid	\$	\$	588.00	RSBCHO
20190136	8/26/2019	Check Paid	\$	\$	780.00	Texas Department of State Health Services
20190136	8/26/2019	Acct Transfer Debit	\$	\$	11,799.68	Frost Bank
20190136	8/27/2019	Universal DB	\$	\$	31,498.08	SWBC
20190136	8/28/2019	ACH DB Received	\$	\$	50.00	SWBC
20190136	8/29/2019	ACH DB Received	\$	\$	10.00	On Deck Capital
20190136	8/30/2019	Acct Transfer Debit	\$	\$	20.00	Arete Family Medicine PLLC
20190136	8/30/2019	Acct Transfer Debit	\$	\$	300.00	PLLC
20190136	8/30/2019	ACH DB Received	\$	\$	454.92	CPS
20190136	8/30/2019	ACH DB Received	\$	\$	4,550.00	Platinum
20190136	9/3/2019	Acct Transfer Debit	\$	\$	10.00	Arete Family Medicine PLLC
20190136	9/3/2019	ACH DB Received	\$	\$	19.95	Intuit
20190136	9/3/2019	ACH DB Received	\$	\$	57.21	ADT
20190136	9/3/2019	ACH DB Received	\$	\$	505.00	MERCHANT SERVICE MERCH FEE 1909018029131003
20190136	9/4/2019	Acct Transfer Debit	\$	\$	3,037.77	Frost Bank
20190136	9/4/2019	Acct Transfer Debit	\$	\$	4,914.08	Frost Bank
20190136	9/9/2019	Acct Transfer Debit	\$	\$	20,000.00	Schertz Cibolo PLLC
20190136	9/17/2019	Acct Transfer Debit	\$	\$	22,000.00	Schertz Cibolo PLLC
20190136	9/18/2019	Acct Analysis Fee	\$	\$	789.30	Frost Bank
20190136	9/25/2019	Check Paid	\$	\$	10.90	Texas Department of Motor Vehicles
20190136	9/25/2019	Acct Transfer Debit	\$	\$	11,799.68	Frost Bank
20190136	9/27/2019	Outgoing WT	\$	\$	2,250.49	Navitas Credit Corp.
20190136	10/1/2019	Check Paid	\$	\$	660.36	Bryn Mawr Funding - BMT Leasing
20190136	10/2/2019	Acct Transfer Debit	\$	\$	4,914.08	Frost Bank
20190136	10/4/2019	Check Paid	\$	\$	188.04	Image First
20190136	10/4/2019	Acct Transfer Debit	\$	\$	3,037.77	Frost Bank
20190136	10/4/2019	Universal DB	\$	\$	20,824.53	SWBC
20190136	10/4/2019	Universal DB	\$	\$	26,341.52	SWBC

Cashier's Check
Cashier's Check

20190136	10/15/2019	Universal DB	\$	\$	68,000.00	SWBC	Cashier's Check
20190136	10/17/2019	Acct Analysis Fee	\$	\$	637.63	Frost Bank	
20190136	10/25/2019	Acct Transfer Debit	\$	\$	11,799.68	Frost Bank	
20190136	11/1/2019	Acct Transfer Debit	\$	\$	5,000.00	The Emergency Clinic of Floresville LLC	

ARETE GOV						
Acct #	Date	Transaction Type	Check #	Amount	Payment To	Description
750041920	8/15/2019	Acct Transfer Debit	\$	22,468.00	Arete Healthcare LLC	
750041920	8/16/2019	Misc Fees	\$	24.10	Frost Bank	
750041920	8/30/2019	Misc Fees	\$	9.00	Frost Bank	
750041920	9/3/2019	ACH DB Received	\$	33.46	First Data Merchant	
750041920	9/3/2019	ACH DB Received	\$	37.73	First Data Merchant	
750041920	9/3/2019	ACH DB Received	\$	40.50	First Data Merchant	
750041920	9/17/2019	Acct Transfer Debit	\$	11,295.00	Schert Cibolo Emergency	
750041920	9/18/2019	Misc Fees	\$	24.90	Physicians PLLC	
750041920	9/18/2019	Misc Fees	\$	24.90	Frost Bank	
750041920	9/19/2019	Acct Transfer Debit	\$	1,000.00	Schert Cibolo Emergency	
750041920	9/25/2019	Acct Transfer Debit	\$	1,800.00	Physicians PLLC	
750041920	9/30/2019	Misc Fees	\$	9.00	Arete Healthcare LLC	
750041920	9/30/2019	Misc Fees	\$	9.00	Frost Bank	
750041920	10/2/2019	ACH DB Received	\$	16.95	First Data Merchant	
750041920	10/2/2019	ACH DB Received	\$	21.99	Services	
750041920	10/17/2019	Misc Fees	\$	22.60	First Data Merchant	
750041920	10/25/2019	Acct Transfer Debit	\$	2,000.00	Services	
750041920	10/31/2019	Misc Fees	\$	9.00	Frost Bank	
750041920	11/1/2019	Acct Transfer Debit	\$	7,000.00	The Emergency Clinic of	
750041920	11/1/2019	Acct Transfer Debit	\$	7,000.00	Floresville LLC	